SUBURBAN GASTROENTEROLOGY, LTD

1243 Rickert Drive, Naperville, IL 60540 Telephone 630-527-6450 Fax 630-527-6456

PEG 3350 PREPARATION

1 DAY - SPLIT DOSE + SIMETHICONE (Location: Midwest Endoscopy Center, LLC)

Your doctor has ordered a colonoscopy, which is an examination of the large intestine (colon). A flexible tube (colonoscope) is passed into the rectum then gently advanced through the large intestine, examining the inner lining.

10 days before your procedure:

- Purchase **PEG 3350** from your local pharmacy.
- Purchase **Simethicone 250 mg soft gel (Gas-X** ® **Maximum Strength soft gel)** If unable to locate Gas-X ® <u>Maximum</u> Strength, you may use Gas-X ® <u>Extra Strength</u> (125 mg) and take **two** gel caps to equal 250 mg.
- Avoid popcorn, nuts or seeds.

7 Days before your procedure:

Stop all GLP1 injections (stop one day for pills)

LIST OF GLP1: Rybelsus ®, Victoza®, Saxenda®, Byetta®, and Adlyxin® Ozempic®, Wegovy®, Trulicity®, Bydureon Bcise®, Mounjaro®, Zepbound, and Tanseum®

Hold Phentermine or other weight loss medications for 7 days.

5 days before your procedure:

- Contact a relative or friend to arrange for transportation from the Center after your procedure.
- BECAUSE YOU WILL BE SEDATED, YOU MUST HAVE SOMEONE AVAILABLE TO TAKE YOU HOME. YOUR RESPONSIBLE ADULT MUST BE AT LEAST THE AGE OF 18. YOU MAY NOT TAKE A TAXI OR UBER HOME UNLESS YOU HAVE SOMEONE OTHER THAN THE DRIVER, TO BE YOUR RESPONSIBLE ADULT. YOUR DRIVER WILL NEED TO BE AVAILABLE FOR THE ENTIRE DAY AS YOUR PROCEDURE TIME MAY CHANGE.
- The patient's family or designated representative will be required to remain on the premises for the scheduled procedure(s) OR must remain within 15 minutes driving distance from the facility.

RE: Test, Test -- MR#: GE11742221

1 day before your procedure:

STAY ON A CLEAR LIQUID DIET THE ENTIRE DAY BEFORE YOUR PROCEDURE DO NOT EAT ANY SOLID FOODS

• Clear liquids mean anything that is clear in consistency: color is not as important as consistency. Drink juices such as apple, white grape or white cranberry. Avoid thick and pulpy juices. Bouillon or clear broth is fine. You can have gelatin without fruit. Avoid anything with red or orange artificial coloring. Soda, coffee and tea are fine, may add sugar or artificial sweetener. DO NOT drink milk, dairy or non-dairy products. DO NOT consume alcohol.

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In the morning, add drinking water to the PEG 3350 container to the fill line marked 4 liters. Replace the cap tightly and mix or shake well until the powder has dissolved. Refrigerate the solution until ready to drink. Chilling improves the taste. Crystal Light® Lemonade mix may be added to improve the taste. This is optional and only the yellow lemonade mix is permitted.

THE DAY BEFORE YOUR PROCEDURE YOU WILL BEGIN DRINKING THE FIRST HALF OF THE PREP AT (8:00pm – 10:00pm)

• At 8:00 pm, take <u>ONE</u> Simethicone 250 mg soft gel (Gas-X ® Maximum Strength soft gel), then begin drinking the chilled PEG 3350. Drink 1 (8oz) glass every 15-20 minutes until you have finished half of the prep. It is best to drink the PEG 3350 rapidly, rather than sipping it slowly.

PATIENTS MAY HAVE CLEAR LIQUIDS UP TO 4 HOURS PRIOR TO PROCEDURE

THE MORNING OF YOUR PROCEDURE YOU WILL BEGIN DRINKING THE SECOND HALF OF THE PREP

- At ***, begin drinking the second half of PEG 3350. Drink 1 (8oz) glass every 15-20 minutes until you have finished the entire prep. It is best to drink the PEG 3350 rapidly, rather than sipping it slowly. The gallon needs to be finished 4 hours prior to procedure.
- After completing your prep 4 hours prior to your procedure, do not eat or drink anything. If you eat or drink anything, your procedure may be delayed or cancelled.

<u>Please do not follow prep instructions on the bottle of your preparation received from the pharmacy. Please only follow instructions you received from your physician.</u>

- Your preparation for this procedure will be completed after normal business hours. If for any reason you are unable to complete your preparation of PEG 3350 please call 630-527-6450 and the answering service will page the doctor on call for you.
- Please be aware not all preps have the same effect on everyone. Following the instructions is not a guarantee that you will be properly prepared for your

colonoscopy. After finishing your prep, your bowel movement should be clear or yellow in color. If you are passing brownish color stool, please call 630-527-6450 for additional instructions.

• Anal irritation or hemorrhoid inflammation may occur while taking the prep solution. If this happens, you may want to treat with Vaseline, hemorrhoid cream, baby wipes, Tucks pads, Desitin or similar remedies.

MEDICATIONS

If you are taking medications for **DIABETES**, **HIGH BLOOD PRESSURE**, **HEART DISEASE**, **CARDIAC CONDITIONS**, **SEIZURES**, **ASTHMA or BLOOD THINNERS** please review the below section:

- **Diabetics** who are on <u>oral diabetic medication</u> should **NOT** take them on the morning of the procedure.
- **Diabetics** using <u>insulin</u> should obtain instructions from their Primary Care Physician or Endocrinologist.
- Patients taking medicine for **high blood pressure**, **heart disease**, any **heart conditions**, or **seizures** should take these medications, as usual, with a sip of water. All medications must be taken at least 2 hours prior to your procedure. If you take these medications in the evening, please take these as usual at nighttime and do not take any extra doses.
- Patients with **asthma** that use an inhaler daily, should take this as usual the day of the procedure.
- Patients with **asthma** that only use an inhaler as needed should bring their inhaler with to the facility.
- Patients with **asthma** that have a rescue inhaler should bring this with to the facility.
- Patients taking **blood thinners** will require special instructions prior to their procedure. Please notify your doctor if you are taking a **blood thinner**. Aspirin can be continued prior to the procedure and there is no reason to stop taking this.

Should you consume more than just a sip of water with your medications the day of your procedure, there will be a possibility of your procedure being cancelled. **All other medications must be reviewed with the doctor.**

Special Instructions: ***

RESTRICTIONS

• If polyps are removed from your colon (or if biopsies are taken) you may be told not to perform strenuous physical activities for up to 2 weeks.

- If polyps are removed (or if biopsies are taken) your physician may limit travel by airplane for 2 weeks.
- Please do not wear any facial make-up, moisturizers, body lotions or oils the day of vour procedure.
- Please do not wear contact lenses the day of the procedure. You will be asked to remove your contact lenses prior to the procedure if worn to the facility.
- Do not smoke for 24 hours prior to procedure, per anesthesia.
- PLEASE REFRAIN FROM ANY USE OF CANNABIS FOR 24 HOURS PRIOR TO YOUR PROCEDURE, OR YOUR PROCEDURE WILL BE CANCELLED.

Patient Name: Test **DOB**: is scheduled for a Colonoscopy on:

Arrival Time: *** (time is subject to change) **Date:** ***

Your procedure time is not a guarantee. Our office will contact you with any changes to your procedure time.

Report to: MIDWEST ENDOSCOPY CENTER, LLC

> 1243 Rickert Dr Naperville, IL 60540

630-527-6450

Cancellation Policy: If for any reason you must cancel or change your Midwest Endoscopy Center procedure appointment, it is important that you give our office at least five business days' notice prior to your scheduled procedure date to allow us to offer the appointment to another patient. If you fail to do this or fail to show for your appointment, there will be a \$150.00 cancellation fee applied. We understand that true emergencies do occur. Under these circumstances a doctor's note or other appropriate documentation will be considered to have the charge waived.

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